



Bringing Families Home Program Evaluation

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Executive Summary

Bringing Families Home (BFH) is an innovative program that provides housing assistance to families involved with the child welfare system and who are experiencing housing insecurity in the state of California. The BFH program predominantly serves families with either a Family Reunification or Family Maintenance child welfare case.

Family Reunification (FR) corresponds to court-ordered, out-of-home placement services and activities provided to children in a foster care placement with the goal of reunifying the child with their family. While the child is not in the home, families receive services aimed at reducing the risk of future maltreatment, such as referrals to court-ordered services and visitations between the children and their parent(s)/guardian(s). FR cases are those in which the child cannot safely remain at home and tend to follow more severe instances of child maltreatment than Family Maintenance cases.

Family Maintenance (FM) corresponds to voluntary or involuntary services and activities designed to provide in-home protective services. In FM cases, children remain with their families – the goal is to prevent separation while improving children’s current and future safety. FM services may include parental education, child care, substance use or mental health counseling, or crisis care services.

A family’s housing situation is an important consideration in both types of cases. Stable housing helps ensure that a child’s well-being and safety considerations are met, thereby helping children remain, or reunify, with their families. Yet families in the child welfare system often face housing instability or barriers to secure housing. Addressing these housing challenges has the potential to improve both housing and child welfare outcomes.

The goals of BFH are threefold:

- (1) reduce the number of families in the child welfare system experiencing, or who are at risk of, homelessness;
- (2) increase family reunification (return to families) for children placed in foster care; and
- (3) prevent foster care placement for participating families.

To meet these objectives, BFH utilizes evidence-based housing interventions such as rapid re-housing and permanent supportive housing (as required by [California Welfare and Institutions Code §16523.1](#)).

This evaluation provides the first systematic evidence on how BFH has affected housing and child welfare outcomes in multiple California counties, including both rural and urban counties.

Our research questions were:

1. Who was served by the BFH program?
2. What were the housing services they received? What were the housing outcomes?
3. What were the child welfare outcomes of BFH program participants? How did this compare with non-BFH child welfare recipients?

In an effort to answer these questions, we used BFH and child welfare data to examine child welfare outcomes for children in the 12 counties that piloted BFH in 2017. Due to data availability, information on the housing outcomes for adult participants (adult heads of BFH cases) was only available for a subset of four counties and housing outcomes were limited to the 180 days following a family's BFH enrollment. For each of these groups, we also created a matched control group of children and adults receiving child welfare, housing, and homelessness services in the same counties, respectively, and who had similar demographic characteristics to individuals who received BFH services.

This evaluation broadens our understanding of how rapid re-housing and permanent supportive housing services affect families involved in the child welfare system, and which types of households are most likely to benefit from such services. The following key findings emerged:

Findings:

Who was served by BFH?

1. **BFH served a particularly vulnerable and high-needs population, even compared to other families involved in the child welfare system.** Compared to children whose families did not receive BFH services, children in BFH families had more involvement with the child welfare system prior to BFH enrollment. This was measured by the average number of prior referrals (7.9 vs. 5.5) and the share with a prior foster care placement (76% vs. 61%).
2. **Families were not otherwise connecting to the broader homeless response system prior to BFH enrollment.** Even among the population that would eventually receive BFH services, most families (73%) were not receiving homelessness services at the time that they enrolled in BFH. BFH increased connections to the homeless response system across California.

What were the housing services they received? What were the housing outcomes?

3. **BFH reduced use of shelter services and increased use of rapid re-housing services.** 180 days after BFH entry, BFH participants had received nearly twice as many days of rapid re-housing (RRH) services than the control group (60 vs. 33 days). During this same period,

the number of days BFH participants spent in emergency shelter or transitional housing was significantly lower than the control group (18 vs. 37 days).

4. **Among families who exited the BFH program, slightly more than half exited to a permanent housing arrangement.** Of the 1,700 families served in the first two years of the program, about half (808 families, totaling 1,686 children) exited BFH by the end of the second year of the program, either voluntarily or because they had procured housing. For children whose families exited the program, 52% reported exiting to a permanent housing arrangement and another 14% exited to either community-provided or temporary housing. Only 3% reported exiting to homelessness. The housing outcomes for one-third (31%, n = 517) of children whose families exited were unknown (which is not uncommon for programs serving vulnerable people experiencing homelessness).¹

What were the child welfare outcomes of BFH program participants? How did this compare with non-BFH child welfare recipients?

5. **For families that entered BFH with a child in foster care and receiving FR services, family reunifications were higher than among control-group families by approximately 20 percentage points at 180-days after BFH entry.** Nearly half (49%) of BFH families with children in out-of-home care (i.e., receiving FR services) had their child(ren) transition back into in-home care (i.e., receiving FM services). In contrast, only 29% of control-group families made this shift. The higher rate of reunifications is particularly noteworthy as the families enrolled in BFH had more child welfare involvement upon entry to BFH than the control group and the broader child welfare population.
6. **For families that entered BFH receiving in-home services through FM, more BFH children were still receiving services through FM or were receiving FR services at the 180-day mark as compared to the control group.** After 180 days, 48% of control group children who were initially in an FM placement were still receiving in-home (FM) child welfare services. In contrast, 63% of BFH children continued to receive these services after 180 days. Involvement with the child welfare system was also higher among BFH children when measured by the share of cases that were receiving FR services after 180 days of BFH: 6% of control group children compared to 9% of those receiving BFH services.

¹ For example, previous work has found that a substantial share of individuals experiencing homelessness is missed in administrative datasets designed to cover a near-universe of the population, such as the decennial Census and HMIS reports (Meyer et al. 2023).

Introduction

Bringing Families Home (BFH) is an innovative program that provides housing assistance to families involved with the child welfare system and who are experiencing homelessness in the state of California. There are several types of child welfare cases; BFH primarily served families with either a Family Reunification or Family Maintenance case:²

Family Reunification (FR) corresponds to court-ordered, out-of-home placement services and activities provided to children in a foster care placement with the goal of reunifying the child with their families. While the child is not in the home, families receive services aimed at reducing the risk of future maltreatment, such as referrals to court-ordered services and visitations between children and their parent(s)/guardian(s). Family Reunification cases are those in which the child cannot safely remain at home and tend to be more severe instances of child maltreatment than cases in Family Maintenance.

Family Maintenance (FM) corresponds to services and activities designed to provide in-home protective services. In FM cases, children remain with their families and the goal is to prevent separating children from their families while improving the child's current and future safety. FM services may include parental education, child care, substance use or mental health counseling, or crisis care services. FM services may be offered to families with an out-of-home placement after they have reunified.

A family's housing situation is an important consideration in both types of cases. Stable housing helps ensure that a child's well-being and safety considerations are met, thereby helping children remain, or reunify, with their families. Yet families in the child welfare system often face housing instability or barriers to secure housing. Addressing these housing challenges has the potential to improve both housing and child welfare outcomes.

The goals of BFH are threefold: (1) reduce the number of families in the child welfare system experiencing, or who are at risk of homelessness; (2) increase family reunification for children who are receiving FR services; and (3) prevent foster care placement among participating families.

Nationally, BFH is one of the first large-scale programs that addresses housing challenges faced by families involved in the child welfare system. The program is distinctive in at least two dimensions. First, it is focused on families that have child welfare involvement. Second, it provides rapid re-housing (RRH) interventions in addition to permanent supportive housing (PSH), which has traditionally been prescribed for families involved in the child welfare system experiencing homelessness. It is especially critical to study the effect of housing programs on families that are involved with the child welfare system, as these families are among the country's most vulnerable populations. Families that are involved with the child welfare

² 3% of children had a case in emergency response (short-term services typically provided at the start of a case while case managers determine whether family reunification or family maintenance is more appropriate) when their families entered BFH. These children are not included in the analyses below due to small sample sizes.

system disproportionately face additional barriers to housing (Dworsky 2014). In addition, one-third of families that are experiencing homelessness and receiving FR services report that lack of housing is a barrier to their family's reunification (Shinn et al. 2017).

This evaluation provides the first systematic evidence on how BFH has affected housing and child welfare outcomes in multiple counties, including both rural and urban counties. It therefore broadens our understanding of how RRH and PSH services affect families involved in the child welfare system, and which types of households benefit from such services.

Twelve counties participated in the BFH pilot in 2017.³ Data was drawn from these counties in order to track families' use of housing services and their rates of program exit for up to a year, while additionally detailing their child welfare and housing outcomes for up to 180 days following their BFH enrollment.⁴ Using a matched control research design, we also compare these BFH participants to child welfare-involved families who had similar demographic characteristics and previous child welfare and homelessness systems involvement but who did not have access to BFH services. Accordingly, this quasi-experimental evaluation provides preliminary evidence of the short-term effect of BFH, relative to the previous status quo "services as usual" (e.g., using housing as an incentive for families' child welfare involvement, reliance on permanent supportive housing, and providing little if any assistance in locating and applying for housing, in contrast to a Housing First approach in which services are not dependent on program compliance).⁵

We examine child welfare outcomes for children in all 12 pilot counties. For housing outcomes, analyses are restricted to participants (adult heads of BFH cases) who were recorded in the local Homeless Management Information System (HMIS) as having received any housing/homelessness services before, during, or after BFH participation and who resided in the four counties for which it was possible to merge HMIS and BFH data: Kings, Los Angeles, Orange, and Sacramento.⁶

The population targeted by BFH is particularly important to study, as families involved with the child welfare system disproportionately face additional barriers to housing (Dworsky, 2014, Pergamit et al. 2019) and rates of child welfare involvement are high among families experiencing homelessness (Burt et al. 1999). In addition, there is reason to expect housing assistance will improve family outcomes; in qualitative interviews for a similar intervention (the Family Options Study), respondents cited economic hardship as a key barrier to family stability (Shinn et al. 2017).

³ It has since expanded across the state: as of 2023, 53 of California's 58 counties and one tribe provide BFH services, with the addition of 24 new tribal programs beginning between 2023 and 2024.

⁴ At the time their families began receiving BFH services, the typical FM case had been open for 170 days and the typical FR case had been open for 195 days.

⁵ The technical appendix describes the empirical approach.

⁶ HMIS is an information technology system used to collect data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

This report broadens our understanding of how housing assistance may affect child welfare-involved families. Studying the characteristics of families who participated in BFH, what services they received, and how their housing and child welfare needs evolved during and after BFH participation is critical to guiding the future implementation of the program, as well as efforts underway in other localities. This evaluation provides the first systematic evidence on how BFH affected families' housing and outcomes in the child welfare system during the first two years of the program (August 2017 – September 2019).⁷ Future research is necessary for additional observation of program impacts and to understand longer term outcomes of BFH.

Bringing Families Home policy and program background and implementation

The BFH Program was established in 2016 under Assembly Bill 1603.

The program is locally administered by counties (i.e., grantees) and each local grantee determines the specific mix of services it offers participants; these services reflect the local infrastructure, available resources, and the needs of the population. Common across all grantees, however, is a model of housing assistance that is consistent with a Housing First philosophy — that is, county services are provided to participants as quickly as possible without preconditions such as employment, sobriety, or participation in case management services.⁸ This approach is based on the principle that safe and secure housing is a fundamental human need, and that housing must be secured in order to most successfully address other factors that might have contributed to homelessness (CDSS 2019). California's Welfare and Institution Code (WIC) section 16523.1 requires grantees to utilize a Housing First model for assisting families, engage with their local Homelessness Continuum of Care (CoC), and have an understanding of and engagement with the CoC's coordinated entry system.

BFH offers financial assistance and housing-related wraparound supportive services, including but not limited to rental assistance, housing navigation, case management, security deposits, utility payments, moving costs, interim shelter assistance, legal services, and credit repair. The prior status quo for families involved in child welfare services that were experiencing homelessness or housing instability was to either (a) receive housing assistance (typically via a housing choice voucher or other permanent supportive housing) at the end of successful child welfare engagement and completion of services or (b) to direct families to other housing resources without providing necessary support and assistance to navigate these services. With Housing First, families are able to engage with housing services while also working through the requirements of their child welfare case.

⁷ Rhodes and Dworsky (2021) evaluate the Bringing Families Home in San Francisco.

⁸ California Senate Bill (SB) 1380 (Chapter 847, Statutes of 2016) requires all state-funded or administered programs that provide housing or housing-related services to people experiencing or at risk of homelessness to adopt the core components of Housing First.

Eligibility and prioritization

At the time of the study, families eligible to receive BFH services were defined in WIC section 16523.1 as families that:

- 1) were receiving child welfare services at the time eligibility is determined;
- 2) were experiencing homelessness or were at risk of homelessness;
- 3) had voluntarily agreed to participate in the program; and
- 4) were in FR or had an open child welfare case and were in a situation in which safe and stable housing would prevent the need for a foster care placement.

Among the eligible population in the pilot program, the California Department of Social Services (CDSS) strongly recommended that local programs prioritize, first, families in receipt of FR services and that were literally homeless.⁹ The next priority tier was literally homeless families receiving FM services and families receiving FR services who were at risk of experiencing homelessness. The final priority was families at risk of experiencing homelessness and receiving FM services.

Program implementation

In 2017, CDSS issued a call for proposals inviting county welfare agencies to apply to participate in the three-year pilot program. Statewide, \$10 million was appropriated for BFH to be available from Fiscal Year 2016-2017 through Fiscal Year 2018-2019 and required a dollar-for-dollar county match. Of the 23 counties that applied, 12 counties (Kings, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Luis Obispo, Santa Clara, Santa Cruz, Solano, Sonoma, and Yolo) were awarded funding. CDSS selected these 12 counties based on their ability to meet program requirements and their capacity to implement a BFH Program promptly (given time-limited funding). These 12 counties received varying allocations for their BFH programs ranging from \$112,500 to \$2,580,300 (before the county match) with the first families served in June 2017.

⁹ Literally homeless is defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: the family has a primary nighttime residence that is a public or private place not meant for human habitation; or is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. This definition follows the U.S. Department of Housing and Urban Development (S.578.3).

Child welfare background

Housing stability is one of several important considerations in the overall case plan of child welfare cases as it ensures that children remain in or reunify with families in housing where their well-being and basic safety considerations are being addressed. Child welfare cases are typically reviewed by the juvenile court every 6-12 months to determine if case plan goals have been achieved and the child(ren) can safely remain in or reunify with their family and return home. Alternatively, continuing services may be provided for up to 24 additional months; or another permanent plan outside the home may be established for the child(ren) (WIC 361.5(1), (3), and (4)).

Within the child welfare system, there are different types of services offered to families: FR (as defined on page 5), FM (as defined on page 5), and Emergency Response (ER). ER refers to services provided 24 hours a day, seven days a week, in response to reports of abuse, neglect, or exploitation for the purpose of investigating allegations in order to determine the necessity for on-going child welfare services and crisis intervention to maintain the child safely in their own home (under Family Maintenance) or to protect the safety of the child out-of-home (under Family Reunification).

Research design and data description

To implement this evaluation, we utilized three anonymized data sources consisting of:

- **BFH program data:** Data on all BFH participants (children and families) gathered by counties and submitted to CDSS.
- **Child welfare data:** Administrative records for children and families with child welfare involvement as captured through the child welfare services case management system (CWS/CMS).
- **HMIS data:** Demographic and service records of individuals and households seeking or receiving homelessness services (typically identified by the head of household/individual).¹⁰

From these three datasets we constructed a treatment and a control group in order to provide a quasi-experimental matched control research design:

- 1) **BFH Child Program Recipients:** First, we used BFH program data to characterize the children and families receiving services from this program across the 12 pilot counties. We track families' participation in BFH and their initial take-up of temporary and/or permanent housing through the BFH program for up to 12 months after BFH entry with BFH program data. We additionally examine their involvement with the child welfare system for up to 6 months after BFH entry using child welfare data. For child welfare outcomes, observation periods began with a

¹⁰ See the HMIS data dictionary for additional information <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

family's first entry to BFH but otherwise were not bounded by start or end dates of child welfare services provided to a family. Due to the prioritization schema previously described, almost all families already had an open child welfare case when they entered BFH.

- 2) **Matched Control Group – Children:** Second, we constructed a matched control sample of children who were receiving child welfare services,¹¹ but whose family was not enrolled in BFH. The children who comprise the matched-control sample for the 12-county BFH dataset were drawn from the several hundred thousand children who resided in the 12 counties during and prior to the BFH pilot period. From this universe, the control sample consisted of children who “matched” a child in a BFH-enrolled family: they had the same gender identity, same racial/ethnic identity, were of a similar age, engaged in child welfare services in the same county, received the same child welfare service type (e.g., were receiving either FR or FM services, as appropriate for the match), and had their first encounter with the child welfare system at approximately the same age (within a 3-year age band).¹² Each BFH recipient child was matched to at least one, and up to 200 counterparts, who make up the control sample. The technical appendix provides greater detail about the empirical framework, the matching process, and the identifying assumptions required for a causal interpretation of these results.

The BFH program was not able to serve these control-group families, most commonly because their involvement with the child welfare and/or homelessness systems preceded BFH program implementation in their county or the program was not yet at scale. In order to compare outcomes with the sample of BFH participants, we needed to assign a “placebo treatment” date to the control group; that is, their placebo “BFH start date” was defined as the date when they had accumulated the same number of days (over their lifetime) in an open child welfare case as their BFH-participant counterpart had accumulated by the time their family started BFH services. We assign this date to be the same number of days that the BFH child in each matched group had an open child welfare case when he or she started receiving BFH services. This process allows us to compare children who had been involved in the child welfare system for the same amount of time. While BFH participants and control group children had spent the same amount of time receiving child welfare services, we otherwise did not condition the match on the number of previous child

¹¹ The child welfare case data begin in 1993 and extended until February 2020.

¹² Our regression specifications further control for age, number of previous child welfare referrals, and whether the child previously had an out-of-home placement in order to account for remaining differences between BFH participants and the control group.

welfare allegations or number of past foster care placements.¹³ In order to account for differences in allegations and placement history, our regressions include controls for these variables.

Children in the initial sample of BFH participants who could not be matched to the control group based on demographic characteristics (largely based on race/ethnicity and age) were excluded from the analysis (N=1,251).¹⁴ The final analytical sample includes 2,179 children whose families participated in BFH and 293,408 control group children whose families that did not participate in BFH.

Virtually all BFH and control-group families' child welfare cases remained open for the 180-day study period. The majority of BFH children (78%) also had an open BFH enrollment for 180 days; the families who exited BFH before 180 days had very similar demographic and child welfare characteristics as those who remained in BFH for at least 180 days.

- 3) **Four-County Sample – Adults:** Third, to examine how BFH affected housing and homelessness outcomes among BFH-participating families and comparable non-participants, the BFH data in four of the pilot counties – Kings, Los Angeles, Orange and Sacramento – were merged with records from their local HMIS datasets. The HMIS-BFH data provide daily information on homelessness services utilization for the adult heads of BFH cases/heads of households in the BFH dataset who could be found in the HMIS data. The four counties with the HMIS-BFH merged data had served 71% of the initial sample of BFH-served children.

Of the 400 adults in the BFH data in these counties, 232 could be matched to HMIS data because they had accessed at least one HMIS-recorded services prior to, during, or after their entry to BFH.¹⁵ In addition, each individual in these data is a parent/guardian of a child who received at least one child welfare referral between 2010 and 2020.

As with the matched control group for the 12-county BFH sample, the matched control group for the HMIS-BFH sample consists of at least one and up to 200 counterparts to each BFH adult

¹³ Although the child welfare data include information on thousands of children, conditioning on all characteristics of a child's child welfare history (e.g.: time in the child welfare system, number of past referrals, and number of past placements) would reduce the number of matches in our sample and severely limit statistical power. All quantitative studies face such a "bias-variance" tradeoff. In this study, we balance these considerations and further account for differences in referrals and placements by including controls for each of these variables in our regression analyses.

¹⁴ Match rates range from 60% in Los Angeles to 91% in Kings County.

¹⁵ The periods covered by the Data Use Agreements that provide the HMIS data vary by county, with the start dates ranging from 2004 in Orange and Sacramento, 2007 in Los Angeles, and 2016 in Kings and extending through mid-2019, with exact end dates slightly different across counties.

recipient in the sample. In order to provide comparisons that preserve the composition of the BFH treatment group, in statistical analyses of both the 12-county BFH and the 4-county HMIS datasets, matched control group participants are weighted by the inverse of the size of the specific match-group.¹⁶ The 10,344 matched controls resided in the same county as the BFH participant, shared their gender, racial, and ethnic identity, were of a similar age, and lived in a household with the same number of people.

Similar to the child-matched control group, we assign the four-county sample of control group adults to a placebo “BFH start date,” defined as the date that created the same gap between the start of BFH services and HMIS services as the data records for their BFH-participant counterpart.

We note that data on housing services available in the BFH program data is only for BFH-served cases, not for the matched control-group cases, so they are not useful in estimating the impacts of BFH on housing outcomes. We provide the data used in Fig. 1 below, showing the type of housing BFH families resided in before they began receiving BFH services. Table 1 summarizes the information about each data set.

Table 1: Data samples used in the study

	12-county BFH Program-child welfare dataset	4-county BFH and HMIS dataset
Children or Adults	Child(ren) in a child welfare case	An adult from a child welfare case
Sample Eligibility	Child welfare case was already open at start of their 180-day study window (i.e., at BFH enrollment)	The adult has child(ren) in open C-W case at BFH entry (start of study window); received HMIS services before, during, or after BFH entry
Counties	Kings, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Luis Obispo, Santa Clara, Santa Cruz, Solano, Sonoma, Yolo	Kings, Los Angeles, Orange, Sacramento

¹⁶ See technical appendix for details.

Analytic time period	July 2017 through September 2019	Begins July 2017 but end dates vary: LA: January 2021; Kings: June 2018; Orange: October 2019; Sacramento: September 2019
Time period used in regression models for the impact analysis	30, 60, 90, 180 days after entry to BFH, or a comparable date for controls	90 or 180 days after entry to BFH, or a comparable date for controls
# in sample for whom control group match(es) were found (sample # at BFH entry)	2,179	232
# in matched control group (not BFH recipients)	293,408	10,344
Total # in analytic sample at BFH entry (sum)	295,602	10,576

Note: BFH and HMIS participants with no counterpart found in their county for their demographic, gender and -service identities are excluded from the analytical sample, as are those for whom demographic information is missing. Each child (in 12-county BFH sample) or adult (in 4-county sample) is matched to at least one, and up to 200 counterparts, who are all included in the control sample.

Research questions and data approach

This evaluation provides the first systematic examination of how BFH has affected housing and child welfare outcomes across a range of jurisdictions, including both rural and urban counties.

Our research questions were:

1. Who was served by the BFH program?
2. What were the housing services they received? What were the housing outcomes?
3. What were the child welfare outcomes of BFH program participants? How did this compare with non-BFH child welfare recipients?

Who was served by the BFH program?

To answer **research question one**, we used the 12 county BFH Program-child welfare dataset to gain insights on the demographic characteristics and child welfare involvement for children in BFH families. We also used the 4 county BFH Program-HMIS dataset to examine demographic characteristics and homelessness services involvement of adults in BFH families.

What were the housing services they received? What were the housing outcomes?

To answer **research question two**, we used the 12 county BFH Program-Child Welfare dataset to examine housing services received up to 360 days after families entered BFH, and used the 4 county BFH Program-HMIS datasets to examine a broader set of housing outcomes over a 180-day study period. In the latter case, we tracked family outcomes over the 180-day period regardless of whether families continued to receive BFH services throughout the period.

What were the child welfare outcomes of BFH program participants? How did this compare with non-BFH child welfare recipients?

For **research question three**, we used the 12 county BFH Program-Child Welfare dataset and linear probability models to estimate the impacts of participating in BFH on child welfare case statuses at four time points (i.e., 30 days, 60 days, 90 days and 180 days after BFH enrollment). The possible statuses we examine are: (1) case open and receiving FM services and (2) case open and receiving FR services. Children in neither status either had a case that was closed and were in the custody of their parents or FR services were terminated and the child welfare agency was pursuing another permanent plan for the child(ren). The models were run separately for each child initially receiving FM services and children initially receiving FR services, who make up 40% and 56% of the BFH sample of children, respectively.¹⁷

¹⁷ Models of outcomes for the 3% of children who at BFH entry were still in an Emergency Referral (ER) case are not reported due to insufficient sample sizes.

Summary of research questions and datasets used

Research Question	Data sources	Samples Used/Unit of comparison	Lines of inquiry	Caveats OR limitations?
1. Who was served?	<ul style="list-style-type: none"> - BFH program data - Child Welfare data - HMIS data 	<ul style="list-style-type: none"> - 12-county child sample (BFH treatment and matched control group sample) - Non-BFH children with child welfare involvement through 2019 (non-BFH children might have been involved with the child welfare system prior to 2017) - Four-county adult sample (BFH treatment and matched control group adult sample) 	<ul style="list-style-type: none"> - Demographics (12-county child sample and 4-county adult sample) - Child welfare involvement - Sleeping arrangements 	<ul style="list-style-type: none"> - Subsets based on missing data as applicable - Non-matching children were excluded from datasets - Adults may not have concurrent child welfare (CW) case with HMIS service use
2. What were the housing services received? What were the housing outcomes?	<ul style="list-style-type: none"> - BFH program data (for services received) - HMIS data 	<ul style="list-style-type: none"> - 12-county child sample (matched BFH treatment but NOT the control group sample) for housing placements through BFH - Four-county adult sample (BFH treatment and the matched control group adult sample) for housing services through HMIS 	<ul style="list-style-type: none"> - Housing placements received through BFH up to 360 days (BFH only) - BFH housing destinations at exit (BFH only) - Homelessness services at BFH entry and 180 days after treatment and control comparison) - Effect of BFH on number of days of homeless systems use, adults with any HMIS involvement 	<ul style="list-style-type: none"> - Housing outcomes/services received are not available for non-BFH children (only reported for adults who may not have a concurrent CW case with HMIS data) - Limited counties with HMIS data.
3. What were the child welfare outcomes? <u>How did this compare with non-BFH child welfare recipients?</u>	<ul style="list-style-type: none"> - BFH program data - Child welfare data 	<ul style="list-style-type: none"> - 12-county child sample (BFH treatment and matched control group child sample) 	<ul style="list-style-type: none"> - Child welfare status at 30/60/90/180 days (treatment and control comparison) - FM case - FR care 	<ul style="list-style-type: none"> - No data or analysis of reasons for case closures - Not all children in BFH families could be matched to control group.

Research questions and findings

1. Who was served by BFH?

Demographic characteristics of children

On most measures (see Table 2), BFH participants (column 1) and the matched control group children (column 2) are demographically similar to the entire population of children who had child welfare involvement in the 12 pilot counties between 2017 and 2019 (column 3), although some small differences emerged.¹⁸

As shown in Table 2, BFH child participants were slightly less likely to be Hispanic (55 vs. 60%) and more likely to be non-Hispanic White (19 vs. 15%) than the overall child welfare caseload. Additionally, BFH child participants were about nine months younger than typical non-BFH children (5.2 vs. 6.0 years) at first contact with the child welfare system. Appendix Tables 1 and 2 provide these comparisons separately for children receiving FM and FR services. In both types of case, BFH children were slightly younger. In addition, among children receiving FR services, BFH participants were less likely to be Hispanic. Perceived race and ethnicity were entered by case managers at child welfare case opening.

The similarities on measures between the first two columns suggest that children served by BFH are demographically similar to the matched control group, confirming that the selection process for the matched control group worked as intended.¹⁹

¹⁸ In order to maximize comparability with the BFH sample, the cases in column 3 are limited to those in emergency referral, those receiving FM services, and those receiving FR services. This sample does not include cases in permanent placement or supportive transition.

¹⁹ As explained earlier, each control child matches a BFH-case child on gender, race/ethnicity, and approximate age, so these variables are mechanically equal (or, in the case of age, close) in the two samples.

Table 2: Characteristics of children involved in child welfare system, by BFH participation

	(1)	(2)	(3)
	BFH treatment group	Matched control group	Other children with child welfare involvement between 2017-19
% Female*	0.497 (0.500)	0.497 (0.500)	0.488 (0.500)
% Black*	0.207 (0.405)	0.207 (0.405)	0.191 (0.393)
% non-Hispanic White*	0.191 (0.393)	0.191 (0.393)	0.148 (0.355)
% Hispanic*	0.549 (0.498)	0.549 (0.498)	0.597 (0.490)
Average age at BFH entry	7.145 (4.792)	6.939 (4.744)	7.355 (5.482)
Average age at 1st child welfare spell	5.161 (4.511)	5.179 (4.503)	6.052 (5.250)
Share younger than 5	0.373 (0.484)	0.384 (0.486)	0.403 (0.490)
Share ages 12-17	0.171 (0.377)	0.159 (0.366)	0.246 (0.431)
Unweighted sample size	2,194	293,408	80,920

Notes: BFH = Bringing Families Home. *Denotes characteristics that are identical between the treatment and matched control groups by construction. The control group consists of between 1 and 200 different non-BFH children per individual BFH recipient child, matched on the variables discussed in the text. For the non-BFH participants in column 3, all child welfare involvement outcomes are measured at the date the case began. This table shows the means and standard deviations for samples. Perceived race and ethnicity were entered by case managers at child welfare case opening.

Child welfare involvement

At BFH entry, 40% of the children in the 12 county BFH sample (and control cases) were receiving FM services, 56% were receiving FR services, and 3% had an emergency referral case (Table 3, column 1). Only 3% were in their first child welfare case when their family began receiving services, most (55%) were in their second open case.

Most children in this initial cohort of BFH families already had extensive child welfare involvement before their families entered BFH, averaging fifteen months (465 days) of an open child welfare case over their lifetime.²⁰ The typical current FM case had been open 170 days, and the typical FR case had been open for 195 days when the child's family began receiving BFH. In contrast, the population of children with child welfare involvement over the same period, but no BFH involvement (column 3) averaged about five months (161 days) of an open child welfare case over their lifetime. These patterns could be interpreted as the BFH population being more vulnerable, or reflect the program prioritizing more vulnerable families for BFH services, or both.

²⁰ As explained earlier, control children (column 2 of Table 3) match "their" BFH child on service type, and our algorithm generates a matching pre-BFH duration in child welfare.

Table 3: Child welfare involvement at BFH entry (12-county sample)

	(1)	(2)	(3)
	BFH treatment group	Matched control group	Other children with child welfare involvement between 2017-19
Average number of referrals at BFH entry	7.880 (6.466)	5.467 (5.582)	2.037 (1.651)
Cumulative days with child welfare system involvement at BFH entry*	465.1 (419.7)	465.1 (419.6)	160.7 (369.9)
Any out-of-home placement prior to BFH (prior FR)	0.757 (0.429)	0.613 (0.487)	0.202 (0.402)
Emergency removal designation at entry*	0.0319 (0.176)	0.0319 (0.176)	0.638 (0.481)
Family Maintenance case at entry*	0.397 (0.489)	0.397 (0.489)	0.641 (0.480)
Family Reunification case at entry*	0.557 (0.497)	0.557 (0.497)	0.505 (0.500)
Unweighted sample size	2,194	293,408	80,920

Notes: BFH = Bringing Families Home. *Denotes characteristics that the comparison group was constructed as an exact match. These variables are identical between the treatment and matched control groups by construction. The control group consists of between 1 and 200 different non-BFH children who matched an individual BFH recipient child on the variables discussed in the text. For the non-BFH participants in column 3, all child welfare involvement outcomes are measured as whether the child had any case in the designated category over the 2017-19 period. Table shows means for each group and standard deviations in parentheses.

Prior to their current child welfare case, the typical BFH child had experienced 7.9 previous maltreatment referrals, compared with 5.5 for children in the matched control group. Receipt of FR services for children were higher for the BFH sample than the matched control group (76% vs. 61%), and higher than non-BFH children with child welfare involvement (20%). Higher rates of prior maltreatment referrals and receipt of FR services for BFH children (even compared to the matched control group) continue to appear when we analyze children who received FM services separately from those children who received FR services

(Appendix Tables 1 and 2). To account for these differences, we control for the number of past referrals and out-of-home placements in the regression models that estimate the impacts of BFH. However, this approach will not account for any unobserved factors between the treatment and matched control group that might be driving these differences.

2. What were the housing services received? What were the housing outcomes?

To answer these questions, we first assess what housing services BFH children and families received through BFH and housing status at exit for BFH families. As noted earlier, no comparable data are available for the non-BFH matched control families, therefore this analysis focuses on the BFH treatment group only. To further evaluate the nature and intensity of homelessness services received, we also utilize the four-county adult HMIS sample to compare BFH and non-BFH families.

BFH housing services provided

The BFH program data show when BFH families first received a “temporary” or permanent housing placement while enrolled in BFH. Temporary housing includes placements such as a motel/hotel stay, a temporary stay with friends or family, or bridge or transitional housing, while permanent housing placements typically include a lease or tenant agreement. We provide this information at the child level so that we are able to designate the child’s welfare status upon BFH entry. (It is possible that some families have multiple children with different child welfare case statuses that are not reflected in Figure 2.)

Sleeping arrangements at BFH entry (12-county BFH child sample treatment group only)

Over the period covered in this evaluation, in order to be eligible for BFH services, families needed to be experiencing homelessness — defined as literal homelessness, staying with family or friends, or being at imminent risk for homelessness. At BFH entry, each BFH program collected information on where families were sleeping the night prior to BFH enrollment as an indicator of housing status for program participants.²¹ This data element is modeled based on data standards for collecting information regarding housing status.

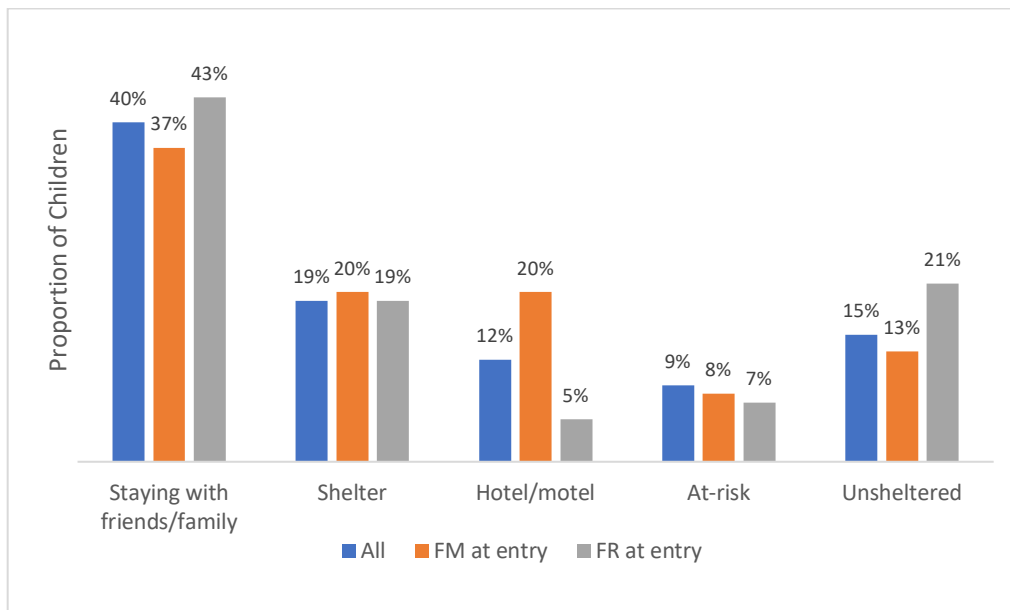
At the point when they entered BFH, 40% of children in BFH families from the 12 counties were staying with family or friends, and 19% were staying in an emergency shelter (Figure 1).²² Thirty-six percent were staying in a hotel/motel, or in unsheltered conditions, or were at imminent risk for losing housing, with between 9% and 15% in each of these categories. Hotel/motel accommodations were more common among families with a child that had an open FM case, whereas families with a child who was in an FR case

²¹ As noted above, this information is only available for families who participated in BFH as it derives from program intake forms.

²² BFH participants must be homeless or at risk of homelessness as defined by California Welfare and Institutions Code 16523. Figure 1 reports the share of children in a household in each living situation prior to entry; however, note that children with FR placement did not reside with their parent/guardian on that date.

were more likely to be staying with others or in unsheltered conditions (Figure 1). These rates vary across counties; for example, the share of families in unsheltered or in emergency shelter sleeping arrangements was particularly high in Santa Clara and Santa Cruz counties, whereas the majority of children in Los Angeles were staying with family or friends prior to BFH entry.²³

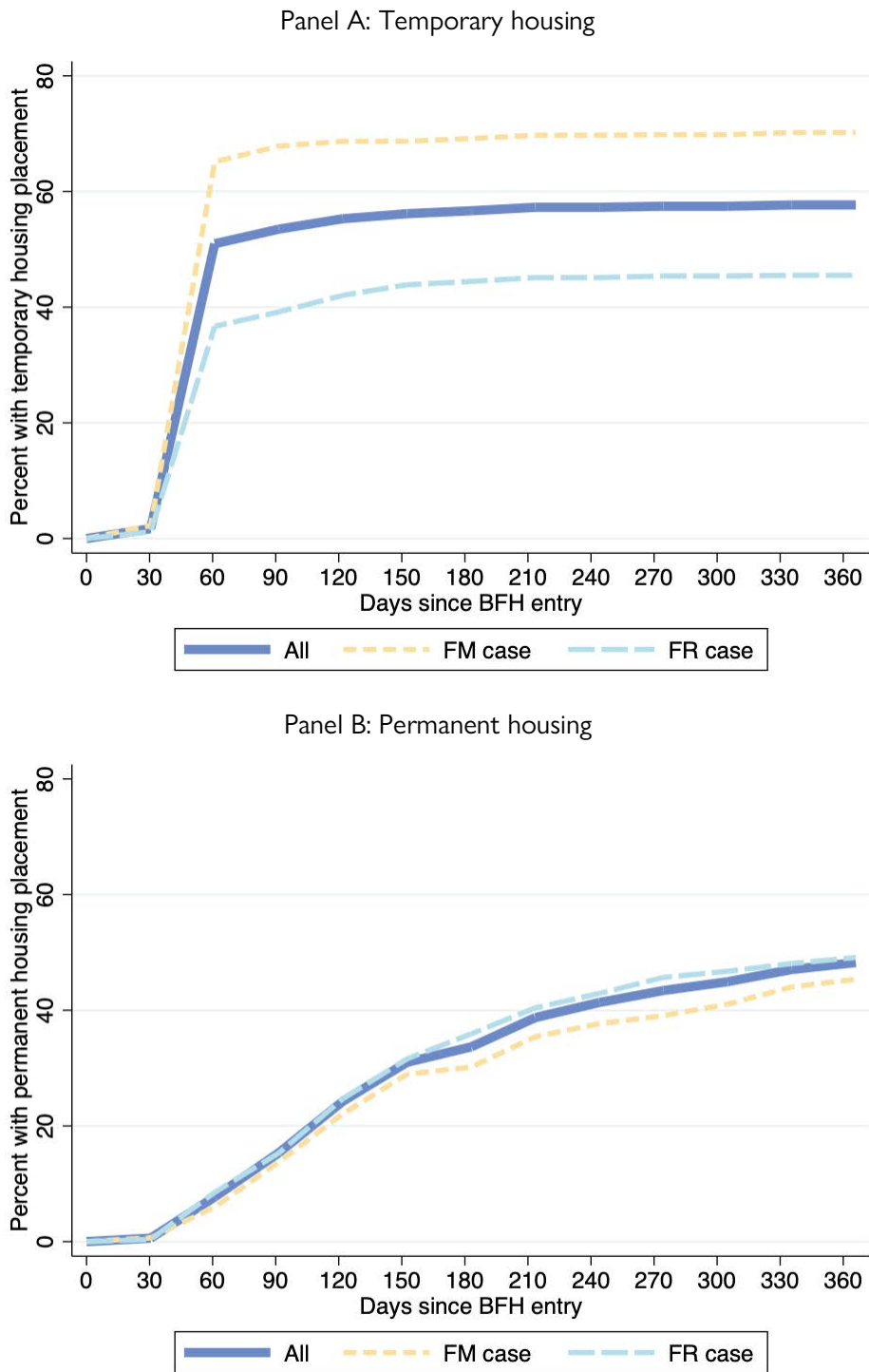
Figure 1: Sleeping arrangement at BFH entry for BFH-participating families



Note: Figure shows housing arrangement the day before BFH entry among children that received BFH services between June 2017 and September 2019. Data from CDSS.

²³ These statistics do not include cases where children were not residing with their guardians or families when the family entered BFH. Counties collected these data in numerous ways, including but not limited to pulling data from coordinated entry data or collecting data on program intake forms. The differences in collection methodologies may affect reported differences across counties.

Figure 2: Transition to first placement in temporary or permanent housing through BFH



Note: Figure shows share of share of families ever assigned a temporary (panel A) or permanent (panel B) housing placement through BFH. Data from CDSS.

Figure 2(A) shows that the number of families receiving temporary housing increased between 30 to 360 days after enrolling in BFH, at which point more than half (55%) of all BFH families had received temporary housing. There was significant variation in temporary housing rates for families based on the type of child welfare services the family was receiving. Those who received FM services had higher rates of temporary housing (close to 70% at 90 days), while families whose children were receiving FR services had lower rates of temporary housing (about 40% at 90 days).

The percentage of families receiving temporary housing increased only slightly between 90 days through 360 days in BFH programming (note that there is no data on exiting temporary housing, therefore the data cannot decrease, only increase or remain steady). There continued to be variation in temporary housing rates for families based on the type of child welfare services they were receiving at the time of BFH entry. Those who entered BFH receiving FM services had a much higher rate of temporary housing, while families of children with FR cases had lower rates of temporary housing. A larger share of the families receiving FM services at program entry had received temporary housing six months after BFH entry (67%, vs. 44% of families receiving FR services), while more families receiving FR services had received permanent housing (38% vs. 30% of families in receipt of FM services) during that same time span.

For the 45% that did not receive a temporary housing placement, approximately half were staying with family or friends or in a hotel/motel prior to BFH entry. Because these families had an initial housing arrangement, they may not have needed BFH assistance to attain temporary housing and therefore wouldn't be reflected in Figure 2(a). Additionally, case management might have helped divert them from needing temporary housing assistance (e.g., helping them reconnect with their support system to receive temporary housing).

Figure 2(B) shows the numbers of families receiving a permanent placement. Placement in permanent housing through BFH increased gradually over time. At 90 days, about 12% of families in this sample had received permanent housing, and this rate was similar for families with an FM and an FR case. While housing stability is the goal for all families, for families who were receiving FR services with the goal to reunite families, achieving some type of housing, even temporarily, may have positively impacted the family so they could make progress with their family reunification plan. One year after entering BFH, nearly half of the families had received permanent housing, regardless of whether they started with an FM or FR child welfare case.

BFH housing destinations at exit

The BFH program collects information about housing destinations for families who leave the program. Of the 69% (n=1,185) of children whose families' exit destination is reported, 75% (n=882) reported exiting to permanent housing and 20% (n=229) exited to either community-provided or temporary housing. Only 5% (n = 58) of children whose families had known housing destinations reported exiting the program to homelessness.

The 31% that exited the program without a reported destination consist chiefly of those who exit the program due to loss of contact, which is common among programs serving populations experiencing homelessness and housing instability (Meyer et al. 2023). Program participants may re-enter BFH after a prior exit if they need services and meet the eligibility requirements for BFH.

Housing outcomes, comparison of treatment and control groups – Four-County HMIS Adult Sample (180 days)

We conducted an analysis to assess housing services received and corresponding housing outcomes using the four-county HMIS adult sample treatment and control groups.

Demographic characteristics of BFH caretakers (4 counties)

Appendix Table 3 presents demographic data for adult participants in the 4-County HMIS-BFH sample. Most (81%) of BFH participant adults in the BFH merged data had previously experienced housing instability and had received at least one homelessness/housing HMIS-recorded service at some point prior to entering BFH. However, only 27% of BFH participants were accessing HMIS-recorded services at the point they enrolled in BFH.

Because the control group (who are adults not in BFH but involved in the child welfare system and HMIS) was matched to BFH recipients on gender and race-ethnicity, the BFH and control-group percentages are identical on these factors (column 1 vs. column 2). The matched control group is slightly younger than the BFH group, with an average age of 29.2 years compared to 32.6.

The sample of BFH adult recipients differs in important ways from the full population of adults who received HMIS-recorded services but not BFH services (column 1 vs. column 3). The BFH-adult recipient sample is 72% female, while the non-BFH adult population is 54% female. The BFH adult sample accessed HMIS-recorded services at an older age (31.7 years) than the non-BFH population (25.6 years) and is more likely than the non-BFH population to identify as Hispanic (42% vs. 31%) or non-Hispanic White (36% vs. 31%) and less likely to identify as Black (22% vs. 41%). While the differences between the control group and general population does not affect the internal validity of our results, these differences are important to keep in mind when considering the generalizability of our results to the full population of adults involved in the child welfare and HMIS systems.

Analysis of services received – Four-County Adult Sample Treatment Group

We compared BFH and matched control-group families' use of housing assistance 180 days after entering BFH using the HMIS-BFH four-county data (Table 4, column 2 vs. column 3), and BFH participants' use at the time of BFH enrollment (Table 4, column 1). The housing-related services reported in HMIS are categorized based on HUD project type definitions (RRH, transitional shelter, Emergency shelter, PSH, and Other HMIS Service, which typically refers to case management).

The share of BFH families from the BFH-HMIS adult sample receiving any housing-related service (including housing and case management) more than doubled following 180 days of program participation (27% to 60%). After 180 days in BFH, almost half (47%) of the adults in the four-county HMIS sample were accessing rapid rehousing services and 42% were receiving “other services,” which is most commonly case management.

At the 180-day mark, BFH participating adults and their matched controls were about equally likely to be receiving some type of housing service (60% and 57%, respectively). One quarter (25%) of BFH participants were receiving “other services” (usually, case management), as compared to 19% of the control group. In this same time period, a larger proportion of BFH participants were receiving RRH services than the control group (28% vs. 18%).

Only about 9% of BFH participants received transitional shelter, emergency shelter, or PSH at the 180-day mark, which was down from 13% at BFH entry. In contrast, 26% of adults in the control-group were receiving one of these three types of housing at that point.

Table 4: Proportions of BFH participants and control-group adults participating in homelessness services at BFH entry and 180 Days after BFH entry

	BFH participant adults		Matched controls, not BFH
	At BFH entry	At 180 days after BFH entry	At 180 days after BFH entry
In any HMIS program	27% (44%)	60% (49%)	57% (50%)
Other HMIS Service (usually case management)	9% (29%)	25% (44%)	19% (39%)
In RRH	7% (26%)	28% (45%)	18% (38%)
Transitional shelter	6% (24)	4% (21%)	7% (26%)
Emergency shelter	7% (26%)	4% (19%)	10% (30%)
In PSH	0% (0%)	1% (9%)	9% (29%)
Unweighted sample size	232	232	10,236

Notes: BFH = Bringing Families Home, HMIS = Homeless Management Information System, RRH = rapid re-housing. Table shows means and standard deviations for each sample. Data include adult observations who had any HMIS involvement prior, during, or after BFH entry from the four counties for which we have complete HMIS information through mid-2019 (exact dates vary across counties). Each housing type follows the definitions set forward by the Department of Housing and Urban Development.

For a more rigorous comparison examining differences in HMIS service use between BFH participants and control-group parents/guardians' cumulative use of the homeless system, Table 5 shows results of regression analyses estimating how many days participants spent in each type of housing at 90 and 180 days after BFH entry, controlling for the individuals' counties of residence, and demographic characteristics (see technical appendix for empirical specification and additional details). The row "BFH" estimates the difference in days BFH participants spent in each service compared to the matched control group. The CG (control group) mean is the average number of days spent by the control group in each housing type. The top panel reports the impact of BFH on days of HMIS service use after 90 days in BFH, and the lower panel after 180 days.

Table 5: Effect of BFH on number of days of homeless systems use, adults with any HMIS involvement

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Any HMIS services	Other HMIS ser-vices (usually, case management)	RRH	Emer-gency shelter	Transi-tional housing	Any Emergency or Transitional shelter services	PSH
Panel A: Within 90 days of BFH entry							
BFH	6.465*** (1.632)	3.102 (2.145)	14.610*** (2.113)	-6.718*** (1.411)	-1.668 (1.318)	-8.329*** (1.823)	-5.313*** (0.692)
N	10,375	10,375	10,375	10,375	10,375	10,375	10,375
CG mean	48.203	14.490	15.760	13.230	5.733	18.906	5.695
Panel B: Within 180 days of BFH entry							
BFH	13.058*** (3.354)	9.905* (4.227)	27.185*** (4.288)	-13.128*** (2.712)	-5.132* (2.442)	-18.178*** (3.418)	-12.296*** (1.555)
N	10,181	10,181	10,181	10,181	10,181	10,181	10,181
CG mean	102.513	31.147	33.266	24.439	13.031	37.391	13.622

Notes: BFH = Bringing Families Homes, RRH = rapid re-housing, PSH = permanent supportive housing, CG = control group. Table shows regression estimates of effect of BFH on housing outcomes for adults in the HMIS-BFH sample. “BFH” shows the change in number of days for each service accessed by BFH participants relative to the control group. Robust standard errors clustered by county in parentheses. * p< 0.1, ** p< 0.05, *** p<0.01. Sample includes those still receiving BFH services at the 180-day mark and those that were no longer receiving BFH services. The technical appendix provides the full empirical specification.

The regressions reveal a pattern of impacts broadly similar to the descriptive results in Table 4. BFH participants used more RRH services and less emergency shelter, transitional housing and PSH than the control group. Recalling that the control group individuals were selected for their similarities to BFH recipients, and the regressions control for a comprehensive set of demographic characteristics, one can infer that the differences in housing between BFH participants and the control group provides an estimate of the effect of BFH on housing program use among participants.²⁴

²⁴ The similarities between the BFH and control groups explain why the regression estimates, which control for demographic differences, resemble the unadjusted differences in counts of days as the groups are similar, demographically.

Looking first at the total number of days spent in any HMIS service, BFH adults received HMIS services for 6.5 more days in the first 90 days and 13.1 more days after 180 days than controls, amounting to a 13% difference (the control group averaged 48.2 days of HMIS services during the first 90 days, 102.5 during the entire 180 days). Our results also suggest that BFH increased the number of days participants spent in other HMIS services by 32% (10 days), and RRH by 82% (27 days) within 180 days of enrollment. These increases in RRH and other services were offset by 18 fewer days for BFH participants in emergency shelter or transitional housing (a drop of 49%). The service used least often, PSH, became even rarer under BFH; use fell by 13 days among participants.

The near doubling of the number of days spent in any HMIS service by BFH participants between 90 to 180 days of enrollment suggests that the BFH program helps direct participants into RRH or other HMIS services, and away from emergency shelter or transitional housing in a similar way over time. While further research on the impacts on PSH are needed, it is possible that the combination of BFH's housing related case management plus connections to rapid rehousing services displaced the need for PSH.

3. What were the child welfare outcomes of BFH program participants? How did this compare with non-BFH families?

The second goal of BFH is to promote family stability and reunification. This objective, together with the focus on offering housing services to families with open child welfare cases, distinguishes BFH from many social service programs that serve this population.

This research question assesses child welfare outcomes at different time intervals, separately for children who were initially receiving FM services (Table 6), and for families initially receiving FR services (Table 7). This is because there are typically differences in how quickly cases are closed and what types of future child welfare services may be needed among families who receive FM services versus those who receive FR services.

For example, the differences between families who receive FR or FM services can impact the rates and timing of case closure, service type changes, and/or re-referrals to the child welfare system. A child's case type can also change: a child receiving FR services can transition back into their parent's care to receive FM services when it is determined the home environment is safe, while a child receiving FM services case could be removed from their parent's care and transition to receiving FR services or the case could close (i.e., the child welfare case is closed with the family, parent(s)/guardian(s) and children, together).²⁵

The regression coefficients shown in Tables 6 and 7 are estimates of the impact of BFH on child welfare outcomes. These estimates capture differences in child welfare statuses between BFH-enrolled children

²⁵ For the analyses in this section, children are classified by their case type at BFH entry as in-home services or foster care. Even if their case type changes during the study window, the categorization in the analysis does not.

and children who did not receive BFH services but who were otherwise similar. As already discussed, the control group children lived in the same county, had an open child welfare case for the same amount of time, and had similar demographic characteristics as their BFH counterparts. The regression models compare each BFH participant to the control group members with identical racial/ethnic and gender identities in the same county, while further controlling for the child's previous number of child welfare referrals, age in months, and any out-of-home foster care placement before BFH. See technical appendix for methodology details.²⁶

Table 6 illustrates the changes of child's welfare case status for children receiving FM services between children in the BFH treatment group children and children in the matched control group. Columns 1 and 2 assess whether a child is receiving FM services or FR services at the specified time interval. As noted above, a case's status can change from FM services to FR services or vice-versa. Column 3 reports whether the child had been re-referred for alleged maltreatment to child welfare services. Column 4 shows the number of days the child had spent receiving FR services (in a placement away from their parent/guardian).

In Table 7, the same measurements are repeated for children receiving FR services at program entry.

Child welfare case status – children receiving FM services (treatment vs. control)

All the cases in Table 6 were receiving FM services at BFH entry. At each time point after BFH entry, children in BFH-participating families were significantly more likely to continue receiving FM services (column 1) than the matched control group of similar children who did not receive BFH services.

Panel D in Table 6 shows the difference in case closures rates between BFH-participating children and the matched control group for children who were initially receiving FM services 180 days after BFH entry. By this point, more BFH children than control group children had transitioned from receiving FM services to FR services. The difference between the two groups was 2.7 percentage points: 9.1% of the BFH children initially receiving FM services and 6.4% of the matched control group children receiving FM services had a child removed and switched to receiving FR services within 180 days (Table 6, column 2). This result might be linked to the finding that more BFH children were re-referred for maltreatment during or after BFH enrollment. Re-referrals are common among this population – 31% of BFH cases and 23% of controls had another referral for alleged maltreatment within 180 days, and the 8-percentage point difference between the two is statistically significant (Table 6, column 3). There may also be a potential confounding factor that the BFH families' housing instability or stressful situations (and causes of housing instability such as job loss, poverty, etc.) could have an effect on re-referrals and change in case status.

²⁶ We do not separately report results for children whose families entered BFH with an ER case, as these cases comprise a very small number of individuals. These observations, however, are included in tables that do not disaggregate by case type.

Table 6: Effect of BFH on participants' experiences with child welfare services among children receiving FM services at BFH entry

	(1)	(2)	(3)	(4)
	Receiving FM services	Receiving FR services	Any new referral	Number of days receiving FR services
Panel A: 30 days after BFH entry				
BFH	0.0789***	-0.0057*	0.0037	0.0673
	-0.0047	-0.0026	-0.0075	-0.1834
N	132,242	132,242	132,242	132,242
CG mean	0.9239	0.0116	0.0474	0.318
Panel B: 60 days after BFH entry				
BFH	0.1255***	0.001	0.0252*	0.0852
	-0.0118	-0.0087	-0.0118	-0.4473
N	132,169	132,169	132,169	132,169
CG mean	0.8438	0.025	0.0942	0.8932
Panel C: 90 days after BFH entry				
BFH	0.1452***	-0.0049	0.0351**	0.0962
	-0.022	-0.0082	-0.0131	-0.737
N	132,087	132,087	132,087	132,087
CG mean	0.7543	0.03	0.1309	1.7019
Panel D: 180 days after BFH entry				
BFH	0.1466***	0.0267***	0.0804***	2.0122
	-0.0391	-0.0067	-0.0204	-1.4607
N	131,789	131,789	131,789	131,789
CG mean	0.4796	0.0642	0.2301	6.3539

Notes: CG = control group. Table shows regression estimates of effect of BFH on children's child welfare involvement relative to the matched control group in intervals out to 180 days among children who were receiving FM services when their families entered BFH. Each specification includes county-by-demographic cell fixed effects. Control group weighted by inverse group size. Robust standard errors in parentheses clustered by county. * p < 0.1, ** p < 0.05, *** p < 0.01.

Child welfare case status – children receiving FR services (treatment vs. control)

Table 7 shows estimated BFH impacts for children who were receiving FR services when their families enrolled in BFH compared to the matched control group of similar children who were also receiving FR services but whose families did not participate in BFH.

BFH children with FR cases were significantly more likely to transition from FR services to FM services than the matched control group. This process affected a large share of children receiving FR services, and it began early, with significant impacts seen at 30 and 90 days as well as at 180 days. After 90 days, 27% of the children initially receiving FR services and whose families had BFH services had transitioned to receiving FM services, compared to 17% of children without BFH. At the 180-day mark, 49% of BFH children had transitioned from FR to FM services, compared to 29% of families not served by BFH, a 19.8 percentage point difference. This finding is in line with a primary goal of BFH: to reunify families more quickly and reduce the time children spend in foster care.

Table 7: Effect of BFH on participants' experiences with child welfare services among children receiving FR services at BFH entry

	(1)	(2)	(3)	(4)
	Receiving FM services	Receiving FR services	Any new referral	Number of days receiving FR services
Panel A: 30 days after BFH entry				
BFH	0.0285*	0.0141	0.0383**	0.4470***
	-0.0136	-0.0138	-0.0133	-0.1043
N	151,762	151,762	151,762	151,762
CG mean	0.0561	0.916	0.0572	25.01
Panel B: 60 days after BFH entry				
BFH	0.0614	0.0185	0.0472**	-0.2606
	-0.0391	-0.0369	-0.0154	-0.4754
N	151,669	151,669	151,669	151,669
CG mean	0.1125	0.8275	0.0972	48.3297
Panel C: 90 days after BFH entry				
BFH	0.1013*	0.0071	0.0443**	-1.8756
	-0.0485	-0.0413	-0.0165	-1.5728
N	151,562	151,562	151,562	151,562
CG mean	0.1655	0.743	0.1298	70.1179
Panel D: 180 days after BFH entry				
BFH	0.1980***	-0.0313	0.0641***	-13.5736**
	-0.0484	-0.0414	-0.0139	-5.2861
N	151,214	151,214	151,214	151,214
CG mean	0.2919	0.51	0.2182	126.6132

Notes: BFH = Bringing Families Home, CG = control group. Table shows regression estimates of effect of BFH on children's child welfare involvement relative to the matched control group in intervals out to 180 days among children who were in FR status when their families entered BFH. Each specification includes county-by-demographic cell fixed effects. Control group weighted by inverse group size. Robust standard errors in parentheses clustered by county. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

Like the families with initial FM cases, those initially in FR were more likely to receive new maltreatment referrals. As we saw with FM cases, there were also significantly higher rates of new alleged maltreatment referrals for BFH-served children as compared to non-BFH children (column 3) (which might reflect allegations that occurred prior to the start of BFH but that were not reported until after participation). This difference in rates of new referrals and subsequent transitions to FR services could reflect greater involvement from BFH families receiving additional attention from case workers and program staff, or their

higher intensity of child welfare involvement at baseline (potentially caused by factors such as disproportionate job loss and poverty).

Limitations

There are several limitations to the findings presented above. These relate primarily to data availability and the matched control study methodology.

Matched control study methodology limitations:

- The matched control methodology selects a comparison group that is similar to families that received BFH services based on variables available in the data, such as demographic characteristics and the amount of time with an open child welfare case. Many characteristics that might affect outcomes, however, are not reported in the data and therefore are not accounted for in the analyses (e.g., socioeconomic factors). In addition, although the control group is (by construction) identical on numerous dimensions, such as gender, county of residence, race, and ethnicity, and number of days with an open child welfare case, there are some significant differences on other dimensions. For example, as shown in Appendix Table 1 and Table 2, although they had the same number of days with an open child welfare case, BFH children had more intense involvement with the child welfare system, as measured by the previous number of total referrals and the share of children with a prior out-of-home placement. Specifically, BFH children had experienced nearly eight previous maltreatment referrals on average, as compared with five for non-BFH matched control group children. This may be in part due to BFH goals of targeting the eligible families with the highest service needs, such as those with higher housing service needs (those who were experiencing literal homelessness) who are amongst the most vulnerable families in a community.
- In constructing the control group, we face a trade-off between bias (comparing dissimilar families) and precision (including the largest sample size possible). We excluded BFH children (N=1,367) from the treatment group that are not similar to any child in the same county who did not receive BFH services. This also included excluding BFH participants with no counterpart found in their county for their demographic, gender and -service identities from the analytical sample, and we also exclude participants whose demographic information is missing. Unmatched children are slightly older than those with matches and are more likely to be Hispanic and less likely to be Black or non-Hispanic White. However, observations that cannot be matched to control group children further indicate that BFH served a different group of children than the entire child welfare system and therefore complete matching to a control group is limited. Even balancing these considerations, some analyses, particularly housing outcomes, are based on relatively small sample sizes.

- Families with data in the HMIS that were accessing BFH services could be different from families accessing BFH services that were not in HMIS (e.g., those obtaining housing assistance through resources that were outside the HMIS system, including some programs that do not receive federal funding). Furthermore, given the smaller sample sizes in the HMIS data, we used a smaller set of variables to perform the match for the HMIS analysis (e.g., we are less likely to find a match for any individual as we add additional characteristics). We also note that data on demographic characteristics in HMIS is often incomplete, therefore reducing the number of individuals in HMIS that could be used for matching. Furthermore, the four-county adult HMIS sample was not matched based on child welfare type or whether their child welfare case was concurrent with receiving HMIS services, which limits our ability to assess the timing of the relationship between child welfare status and housing outcomes. Child welfare involvement may also indicate additional vulnerability that BFH participants experience that impact their housing experience. Therefore, findings reliant on this match are limited due to potential biases in the differences of populations. Finally, we are unable to link parents with children (and vice versa) for both the HMIS and child welfare analyses, limiting the number of family-level characteristics we are able to account for.

Other important data limitations related to data quality and availability further limited by the structure of the databases include:

- While data was derived from three data sets, each data set had significant gaps and incongruencies. For example, the 12-county CDSS-BFH data set measured impacts on children whereas the 4-county BFH-HMIS data set measured differences amongst adults. These incongruencies limit the ability to derive holistic findings for BFH versus control families. These differences in the unit of observation make it infeasible to link adults and children in the control group sample, so we are unable to determine whether accessing child welfare and housing services was concurrent. The lack of family unit identifiers for the control group also limits the housing analyses that can be conducted and do not allow for disaggregation across child welfare case types.
- This analysis focuses on outcomes over a relatively short period; future work should examine outcomes over a longer period, especially given that many child welfare status changes occur over a several-year period. For example, child welfare cases are typically reviewed by the juvenile court every six months (180 days) to determine if case plan goals have been achieved and if the child(ren) can safely remain in or return home.
- This analysis focuses on the initial two-year pilot period in which 12 counties operated BFH. These twelve counties, while including both urban and rural counties, may not be representative of the counties and tribes that eventually participated in the program. Future work could broaden this analysis to examine the experiences in counties and tribes that implemented the program later.

Conclusion

Bringing Families Home has expanded the use of a housing-first approach to families that historically did not receive these services – namely families with children involved in the child welfare system. In addition, BFH targeted a population that faces dual challenges - being involved with the child welfare system and experiencing housing instability.

In the program's first two years, approximately 1,700 families in 12 counties participated in BFH. This report measured the experiences of those families relative to the counterfactual outcomes that would have occurred under a "services as usual" model by comparing BFH participants to similar families that entered the child welfare and HMIS systems prior to the launch of BFH.

These short-term results indicate that BFH substantially changed the ways in which families interact with both the homeless and child welfare systems. On the housing front, BFH families spent fewer days in traditional shelter services – defined as emergency shelter and transitional housing stays – but received more RRH services. These findings are limited to housing services covered by the HMIS system and do not necessarily capture all forms of housing assistance or homelessness resources families received (particularly informal sources of support). However, the patterns we observe indicate that BFH substantially changed the types and nature of housing services that enrolled families may have otherwise accessed.

Regarding child welfare, children in families who were receiving FR services when they entered BFH were significantly more likely to experience positive steps towards reunifying with their parents than similar children whose families did not receive BFH. At the same time, we see that children whose families were enrolled in BFH – both those receiving FR and FM services at entry into BFH – were more likely to receive child welfare services for a longer period. This difference in rates of child welfare involvement could reflect greater involvement from BFH families receiving additional attention from case workers and program staff, or their higher intensity of involvement with the child welfare system at baseline. As BFH continues to serve families, further research examining a longer time horizon could be useful in understanding families' full trajectories. Given the short-term nature of these outcomes and several data limitations, a critical question for future research is how these initial changes in service use and child welfare case lengths affect families' long-term outcomes among broader swaths of the population.

BFH shares many features with another intervention targeted to families, the U.S. Department of Housing and Urban Development's Family Options Study. Two of the three treatment arms in the Family Options Study – RRH and subsidized permanent housing – are similar to the types of services offered to BFH families. In contrast, while BFH services were only available to families with child welfare involvement, the Family Options Study served a broader population of families experiencing homelessness, including those without child welfare involvement. Comparing the outcomes between BFH participants and the subset of Family Options Study recipients who had child welfare engagement can provide insights about general challenges and successes of these types of housing support programs for this population. These comparisons are also complementary as the Family Options Study tracked recipients over a longer (20 and 37 month) study period but reported a more limited set of child welfare outcomes (in receipt of FR

services after program assignment) for a smaller population, and did not distinguish between children whose child welfare history reflected receipt of FM versus FR. With those caveats in mind, the Family Options Study generally did not find a statistically significant change in the receipt of FR services across different housing interventions, although their point estimates for families that received rental subsidies suggest a slight reduction.²⁷ The small sample sizes in the Family Options Study preclude making definitive statements, but in combination with the short-term results of BFH, we have reason to believe that providing families with immediate housing supports does not worsen family unity in the short- or medium-term, and may actually lead to substantial improvements in family reunification in the medium-term depending on the context.

Our empirical methodology relies on rich demographic information and observable measures of past child welfare involvement. However, while we observe many demographic characteristics and features of a child's case, we do not observe all potentially relevant characteristics of a case that the courts and case managers may consider in deciding whether to close a child welfare case. Other work has found that these unobservable (to the analyst) characteristics play a role in the types of services provided to children, such as allegation details (e.g., presence of physical marks or bruises) (Grimon and Mills 2023). To the extent that BFH prioritized serving families that were more disadvantaged than those who did not receive BFH services, our estimates will reflect a lower bound on the program's effects.

Second, it is important to note that our analysis covers a relatively brief period due to data and administrative constraints. In that time period, we observe shifts that trend in a direction that meet the goals and the design of the BFH program. However, our analyses ultimately cover a period in which about half of families that accessed BFH in the pilot years were still receiving BFH services; therefore, it would be valuable to extend data collection for a longer period to see whether and how these patterns change in the medium and long term, especially long-term housing stability and retention and child welfare involvement. Continuing to monitor these patterns is an area of importance for policymakers aiming to learn more about how housing-first approaches affect family well-being on multiple dimensions. Finally, this report demonstrates that new programs can be evaluated using new linkages that leverage existing administrative datasets. This data infrastructure could be expanded to cover additional outcomes and additional counties in order to identify overlapping populations and how existing programs serve participants.

²⁷ Results were mixed for families that received project-based transitional housing or community-based rapid re-housing, depending on whether separations that included informal arrangements are included. The BFH data only includes information on formal arrangements issued through the child welfare system.

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Appendix

Appendix Table 1: Characteristics of children with open child welfare case with in-home services / Family Maintenance case, by BFH participation

	(1)	(2)	(3)
	BFH participant children	Matched control group - non/BFH children	Non-BFH Children with CW involvement between 2017-19
Panel A: Demographic characteristics			
% Female*	48% (50%)	48% (50%)	49% (50%)
% Black*	16% (37%)	16% (37%)	17% (38%)
% non-Hispanic White*	14% (35%)	14% (35%)	14% (35%)
% Hispanic*	64% (48%)	64% (48%)	62% (49%)
Average age at BFH entry	7.42 (4.884)	7.16 (4.695)	7.20 (5.054)
Average age at 1st CW spell	5.49 (4.65)	5.55 (4.52)	6.04 (4.93)
% Younger than 5	34% (48%)	36% (48%)	39% (49%)
% Ages 12-17	19% (39%)	16% (37%)	21% (41%)

Panel B: Child welfare involvement			
Average number of referrals at BFH entry	7.20 (5.97)	5.27 (5.36)	2.04 (1.58)
Cumulative days in child welfare services at BFH entry*	441.8 (397.9)	441.8 (397.7)	151.7 (336.7)
Any out of home placement prior to BFH	46% (50%)	34% (48%)	19% (39%)

Notes: *Denotes characteristics that are identical between the treatment and matched control groups by construction. The control group consists of between 1 and 200 different non-BFH children per individual BFH recipient child, matched on the variables discussed in the text. For the non-BFH participants in column 3, all child welfare involvement outcomes are measured at first time they entered the child welfare system in the 2017-2019 period. This table shows the means and standard deviations for samples. Perceived race and ethnicity were entered by case managers at child welfare case opening.

Appendix Table 2: Characteristics of children, with an open child welfare case with out-of-home placement / Family Reunification, by BFH participation

	(1)	(2)	(3)
	BFH participant children	Matched control group - non/BFH children	Non-BFH Children with CW involvement between 2017-19
Panel A: Demographic characteristics			
% Female*	51% (50%)	51% (50%)	48% (50%)
% Black*	23% (42%)	23% (42%)	22% (41%)
% non-Hispanic White*	23% (42%)	23% (42%)	14% (35%)
% Hispanic*	49% (50%)	49% (50%)	57% (49%)
Average age at BFH entry	6.80 (4.66)	6.65 (4.71)	7.09 (5.83)
Average age at 1st CW spell	4.81 (4.35)	4.81 (4.41)	5.61 (5.44)
Share younger than 5	40% (49%)	41% (49%)	45% (50%)
Share ages 12-17	15% (36%)	15% (35%)	26% (44%)

Panel B: Child welfare involvement			
Average number of referrals at BFH entry	8.24 (6.75)	5.62 (5.74)	2.16 (1.78)
Cumulative days in CWS at BFH entry*	474.6 (383.5)	474.6 (383.4)	182.4 (407.0)
Any out of home placement prior to BFH	99% (99%)	82% (38%)	27% (45%)

Notes: *Denotes characteristics that are identical between the treatment and matched control groups by construction. The control group consists of between 1 and 200 different non-BFH children per individual BFH recipient child, matched on the variables discussed in the text. For the non-BFH participants in column 3, all child welfare involvement outcomes are measured at first time they entered the child welfare system in the 2017-2019 period. This table shows the means and standard deviations for samples. Perceived race and ethnicity were entered by case managers at child welfare case opening.

Appendix Table 3: Demographic characteristics of adults in HMIS, by BFH participation

	(1)	(2)	(3)
	BFH participant adults with any HMIS history	Matched control group - non/BFH adults with any HMIS history	Non-BFH Adults with HMIS involvement between 2017-19
Female*	72% (45%)	72% (45%)	54% (50%)
Black*	22% (42%)	22% (42%)	41% (49%)
non-Hispanic White*	36% (48%)	36% (48%)	31% (46%)
Hispanic*	42% (50%)	42% (49%)	31% (46%)
Age at HMIS entry	31.69 (6.69)	28.28 (5.40)	25.64 (5.49)
Age at BFH start	32.59 (6.624)	29.17 (5.418)	
Unweighted sample size	232	10,236	4,651

Notes: *Denotes characteristics that the comparison group was constructed as an exact match. These variables are identical between the treatment and comparison group by construction. Data include adult observations who had any HMIS involvement prior, during, or after BFH entry from the four counties for which we have complete HMIS information through mid-2019 (exact dates vary across counties).